



**THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

**180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300
1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500**

**FORM G
BAR ADMISSIONS ADMINISTRATOR VERIFICATION**

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending testing accommodations on the First-Year Law Students' Examination or the California Bar Examination for you on the basis of a learning disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name:

Date(s) of evaluation/treatment:

File Number:

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Committee of Bar Examiners or consultant(s) of the Committee of Bar Examiners.

Signature of Applicant

Date

NOTICE TO BAR ADMISSIONS ADMINISTRATOR:

The above-named person is requesting accommodations on the California First-Year Law Students' Examination or the California Bar Examination. Please print or type your responses to the items below that pertain to the applicant's accommodations that he/she received in law school.

I, _____, state that my position
(Name of Bar Admissions Administrator)

on the staff of the bar admissions authority in _____
(Name of Jurisdiction)

is such that it is my responsibility to administer the program for providing testing accommodations for bar admission applicants with disabilities.

The above named petitioner, who took the _____ bar examination,
(Date)

☐ was ☐ was not

authorized to receive testing accommodations during this examination.

Petitioner was accommodated for the following disability:

And was granted the following accommodation(s): _____

I certify that the information supplied on this form is true and correct based on the information retained in our records.

Executed on _____ by _____
(Date) (Signature)

Address:

Telephone Number: _____